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Fill in this information to identify y	our case:			
Debtor 1 Dorothy Durant-Di				
First Name Debtor 2	Middle Name Las	st Name		
(Spouse, if filling) First Name		st Name		
United States Bankruptcy Court for the: _	District of New Je	ersey		
Case number			Check if this An amer	
			☐ A supple	ement showing postpetition chapter 13 as of the following date:
Official Form 106l			MM / DD	/ YYYY
Schedule I: You	r Income			12/15
	u are married and not filing se is not filing with you, do top of any additional pages	j jointly, and your spouse not include information a	about vour spous	both are equally responsible for u, include information about your spouse. If more space is needed, attach a own). Answer every question.
Fill in your employment information.		Debtor 1		Debtor 2 or non-filing spouse
If you have more than one job, attach a separate page with information about additional employers.	Employment status	✓ Employed☐ Not employed		☐ Employed ☐ Not employed
Include part-time, seasonal, or self-employed work.				
Occupation may include student or homemaker, if it applies.	Occupation	Home Health Aid		
	Employer's name	Vitality Hospice		
	Employer's address	Number Street		Number Street
		City State	ZIP Code	City State ZIP Code
	How long employed there	J.I.J	in oods	3 weeks
Part 2: Give Details About Monthly Income				
Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.				
		Management	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$\\$ 3,404.00 \$\$				
3. Estimate and list monthly ove	3. +\$	0.00	+ \$	
4. Calculate gross income. Add line 2 + line 3.				\$

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Dorothy Durant-Dixon Case number (if known) Debtor 1 Middle Name First Name For Debtor 1 For Debtor 2 or non-filing spouse 3,404.00 Copy line 4 here..... 5. List all payroll deductions: 381.62 5a. 5a. Tax, Medicare, and Social Security deductions 0.00 5b. 5b. Mandatory contributions for retirement plans 0.00 5c. 5c. Voluntary contributions for retirement plans 0.00 5d. Required repayments of retirement fund loans 5d. 0.00 5e. 5e. Insurance 0.00 5f. 5f. Domestic support obligations 0.00 5g. 5g. Union dues 0.00 5h. 5h. Other deductions. Specify: 381.62 Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h. 6 3,022.38 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total 0.00 8a monthly net income. 0.00 8b. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce 0.00 8c settlement, and property settlement. 0.00 8d. 8d. Unemployment compensation 0.00 8e. 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 0.00 8f. Specify: 0.00 8g. 8g. Pension or retirement income 8h. Other monthly income. Specify: daughter SSI 750.00 8h. 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. 750.00 0.00 3,772.38 10. Calculate monthly income. Add line 7 + line 9. 3,772.38 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 10 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. 0.00 11. + Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. 3,772.38 Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies 12. Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form?

M No.

Yes. Explain: